



To: **Prospective Applicants for a Sanitary Wastewater General Permit**

Attached is a **Sanitary General Wastewater Discharge Permit Notice of Intent (NOI), WPS-G**. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two sets (one original and one copy) of your **completed NOI**, each with a site diagram and a marked **U.S.G.S. Quadrangle map** or equivalent attached, as described in Section VI of the NOI, should be submitted to:

**Mailing Address:**

Department of Environmental Quality  
Office of Environmental Services  
Post Office Box 4313  
Baton Rouge, LA 70821-4313  
Attention: Water Permits Division

**Physical Address: (if NOI is hand delivered)**

Department of Environmental Quality  
Office of Environmental Services  
602 N Fifth Street  
Baton Rouge, LA 70821  
Attention: Water Permits Division

Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD  
Office of Highways  
Post Office Box 94245  
Baton Rouge, LA 70804-9245  
(225) 379-1927

AND

Louisiana DHH  
Office of Public Health – Center for  
Environmental Health Services  
Post Office Box 4489  
Baton Rouge, LA 70821  
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx>.

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under a general permit for sanitary discharges.

For questions regarding this NOI please contact the Water Permits Division at (225) 219-9371. For help regarding completion of this NOI please contact DEQ, Small Business/Community Assistance Program at 1-800-259-2890.

Date \_\_\_\_\_  
Agency Interest No. AI \_\_\_\_\_  
LPDES Permit No. LA \_\_\_\_\_

Please check  
all that apply:

<input type="checkbox"/>	Initial Permit
<input type="checkbox"/>	Permit Renewal
<input type="checkbox"/>	Existing Facility
<input type="checkbox"/>	Permit Modification

**STATE OF LOUISIANA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
*Office of Environmental Services, Water Permits Division*  
**Post Office Box 4313**  
**Baton Rouge, LA 70821-4313**  
**PHONE#: (225) 219-9371**

**LPDES NOTICE OF INTENT TO DISCHARGE SANITARY WASTEWATER**  
(Attach additional pages if needed.)

**SECTION I - FACILITY INFORMATION**

**A. Permit is to be issued to the following:** (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant (Company, Partnership, Corporation, etc.) \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Zip Code: \_\_\_\_\_

If applicant named above is not also the owner, state owner name, phone # and address.

\_\_\_\_\_

Please check status: ☐ Federal ☐ Parish ☐ Municipal  
☐ State ☐ Public ☐ Private ☐ Other: \_\_\_\_\_

Does the Louisiana Public Service Commission regulate this facility? ☐ Yes ☐ No

If yes, under what Company name is this facility regulated? \_\_\_\_\_

2. Location of facility. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted. If possible, please provide the 911 address.

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish \_\_\_\_\_

Front Gate Coordinates:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

Is the facility located within 10,000 yards of an airport ☐ Yes ☐ No

## SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
SIC (Standard Industrial Classification) Code(s): \_\_\_\_\_  
*SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>*

### B. Name and address of responsible representative who completed the NOI:

Name & Title \_\_\_\_\_  
Company \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_

### C. Facility Information.

1. What is the date by which this permit is needed? \_\_\_\_\_  
2. Who/what does the treatment facility serve? (e.g. apartment complex, subdivision, restaurant, office building, warehouse, etc.).  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe operations at your facility in a comprehensive fashion.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the treatment facility receive any commercial food service waste? ☐ Yes ☐ No  
(e.g. restaurants, catering businesses, hotels/motels/churches/school with kitchens, etc)

4. Do any of the following activities occur at this site?

☐ Yes ☐ No Equipment and/or vehicle washing (with or without soaps/detergents).

☐ Yes ☐ No Loading & unloading of chemicals/compounds.

☐ Yes ☐ No Outside material and/or equipment storage.

☐ Yes ☐ No Vehicle and/or equipment maintenance.

Explain any "Yes" response(s). **Please be aware that if "Yes" is checked to any of the above, this facility may not qualify for coverage under the sanitary general permit. In order to avoid submittal of an additional permit application and delayed permit issuance please contact DEQ at 225-219-3181 to determine the correct application to be submitted for your facility.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION I - FACILITY INFORMATION (cont.)

5. Are there any activities that generate wastewater, other than sanitary, which occur at this site? If yes, please explain.

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6. If this application is for a permit revision, please describe the revision(add extra sheets if needed):

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7. For new or proposed facilities; if approval of the plans and specifications for the treatment facility has been granted by the Louisiana Department of Health and Hospitals, Office of Public Health, a copy of the approval letter shall be attached to this application.

## SECTION I - FACILITY INFORMATION (cont.)

8. Complete the following information as it applies to your facility:

### SUBDIVISION

\_\_\_\_\_ Number of existing homes

\_\_\_\_\_ Maximum number of connections

### PUBLICLY OWNED TREATMENT WORKS

\_\_\_\_\_ Design capacity of treatment facility in gpd

### TRAILER PARK

\_\_\_\_\_ Number of existing trailers

\_\_\_\_\_ Maximum number of connections

### OFFICE/WAREHOUSE

\_\_\_\_\_ Total number of employees

### WASHATERIA/LAUNDROMAT

\_\_\_\_\_ Number of washing machines

### APARTMENT COMPLEX

\_\_\_\_\_ Number of 1 bedroom apartments

\_\_\_\_\_ Number of 2 bedroom apartments

\_\_\_\_\_ Number of 3+ bedroom apartments

### BAR/LOUNGE

\_\_\_\_\_ Does the bar have regular food service?

\_\_\_\_\_ Number of seats

\_\_\_\_\_ Number of employees

### RV CAMPGROUND

\_\_\_\_\_ Is there a dump station?

\_\_\_\_\_ Volume of waste accepted/day in gpd

\_\_\_\_\_ Number of RV spaces

### GAS STATION/CONVENIENCE STORE

\_\_\_\_\_ Number of individual fueling points

\_\_\_\_\_ If food service is offered, please fill out the section regarding restaurants.

\_\_\_\_\_ Total number of employees

### SCHOOLS/DAYCARES

\_\_\_\_\_ Elementary school/daycare, number of pupils

\_\_\_\_\_ Junior/ high schools, number of pupils

\_\_\_\_\_ Total number of employees

### HOTELS/MOTELS

\_\_\_\_\_ Any food service available? (Yes/No)

\_\_\_\_\_ Number of rooms

\_\_\_\_\_ Total number of employees

### RESTAURANT

\_\_\_\_\_ Is the restaurant open 24 hours/day?

\_\_\_\_\_ Is the restaurant along a freeway?

\_\_\_\_\_ Is the restaurant considered a "Fast Food" Restaurant? (Yes/No)

\_\_\_\_\_ Total number of employees

\_\_\_\_\_ Number of seats

\_\_\_\_\_ Is this a seafood restaurant that boils

### CHURCH

\_\_\_\_\_ Does the church have a kitchen?

\_\_\_\_\_ Number of sanctuary seats

### RETAIL SHOPPING CENTER

\_\_\_\_\_ Total number of employees

### VIDEO POKER

\_\_\_\_\_ Number of machines

### HOSPITAL

\_\_\_\_\_ Number of beds

\_\_\_\_\_ Number of employees

### NURSING HOME

\_\_\_\_\_ Maximum number of patients

\_\_\_\_\_ Total number of employees

### SHOWERS

\_\_\_\_\_ Number of individual showers

9. If your facility is not listed above, please give a detailed description including the number of units, number of employees/residents, etc.

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## SECTION I - FACILITY INFORMATION (cont.)

- 10 If this facility is a shopping center, list the types of businesses, square footage of the shopping center, and total number of employees served by the treatment facility.

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## SECTION II - TREATMENT INFORMATION

### A. Treatment Facility Information

1. Provide a description of the treatment facility including the collection system, type of treatment, size of treatment system (in gallons per day), disinfection and handling of waste materials.

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2. If this treatment plant receives any wastewater other than sanitary, list the source(s) and amounts.

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3. Are any indirect discharges introduced into the treatment facility (septic hauled wastes, port-o-let wastes, etc..)?

☐

Yes

☐

No

If yes, provide the following for each indirect discharger:

Company Name	Address	Type of Waste	Average Daily Flow in GPD	Current LDEQ Hauler's License Number

## SECTION III - DISCHARGE INFORMATION

- A. Complete this section for each discharge outfall.** Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Make additional copies for each outfall.

1. Outfall Identification. Provide a description of all operations contributing wastewater to the effluent. (ex: Outfall 001 – sanitary wastewater – 5,000 gpd)

The average flow reported below relates solely to discharge flow, not treatment system size requirements. The Louisiana Department of Health and Hospitals uses additional criteria including, but not limited to, biological loading to determine design capacity requirements which may differ from the discharge flow.

Outfall No.	Operation Contributing Flow	Average Flow (gpd)

2. Outfall Location. Provide a description of the physical location for each outfall.

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3. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec. Longitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? \_\_\_\_\_
5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
 thence into \_\_\_\_\_ (parish drainage ditch, canal, etc.);  
 thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
 thence into \_\_\_\_\_ (river, lake, etc.).

6. If the discharge is intermittent or seasonal, please complete the following table.

Frequency of Flow (average)			Flow Rate (mgd)	
Number of Months per Year	Number of Days per Week	Number of Hours per Day	Long Term Avg.	Daily Maximum

## SECTION IV – COMPLIANCE HISTORY

- A. Report the history of all violations and enforcement actions for this facility and all other facilities owned or operated by this applicant, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

## SECTION V – LAC 33:I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)
- ☐ Permits in Louisiana. List Permit Numbers: \_\_\_\_\_
- ☐ Permits in other states (list states): \_\_\_\_\_
- ☐ No other environmental permits.
- B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No
- If yes, please explain. \_\_\_\_\_
- C. Is your company a corporation or limited liability company? ☐ Yes ☐ No
- If yes, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No
- If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.



## SECTION VI – MAPS/DIAGRAMS

- A. Site Diagram.** Attach to this NOI a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, oxidation ponds, sewage treatment plants), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram. The diagram does not need to be drawn to scale.
- B. Topographic Map.** Attach to this NOI a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at <http://map.deq.state.la.us/>. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road  
Baton Rouge, LA 70802  
(225) 379-1107  
maps@dotd.louisiana.gov

## SECTION VII – SITE HISTORY

- A.** Date operations began at this site: \_\_\_\_\_
- B.** Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

## Chapter 25. Permit Application and Special LPDES Program Requirements

### 2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
    - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
    - (b) The manager of one or more manufacturing, production, or operating facilities provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken together complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.
  2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
  3. For a municipality, state, federal or other public agency – by either a principal executive officer or ranking elected official. For the purposes of this section a principal executive officer of a federal agency includes:
    - (a) The chief executive officer of the agency, or
    - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).
- B. All reports required by permits and other information requested by the state administrative authority shall be signed by a person described in Permit **Standard Conditions, Section D.10.a.**, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
1. The authorization is made in writing by a person described in Permit **Standard Conditions, Section D.10.a.**
  2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or well field, superintendent, position of

equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (a duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

- C. Changes to authorization. If an authorization under Permit **Standard Conditions, Section D.10.b** is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of **Section D.10.b** must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.
- D. Any person signing any document under Permit **Standard Conditions, Section D.10.a. or b** shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

## SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

### CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A only if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and one copy of this NOI and all attachments.

**ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE NOI BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**